

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11						
12		1				
13	1					
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42						
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
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97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	34					
TOTAL CLAIMS	38					